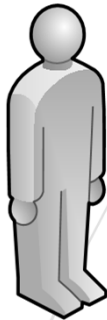


CCMS Recharge by I Sure Pay Fund Transfer

| CCMS Recharge Method | Mode | Target Customers | Type | NORMAL TAT |
|---|-------------------|----------------------------|---|--------------|
| CCMS Recharge by ICICI Bank cheque at ICICI Bank Branches | ICICI Bank Cheque | ICICI Bank Account Holders | Automated file transfer from ICICI Bank to DT Plus system | 5-10 minutes |

Fund Transfer at ICICI Bank Branches



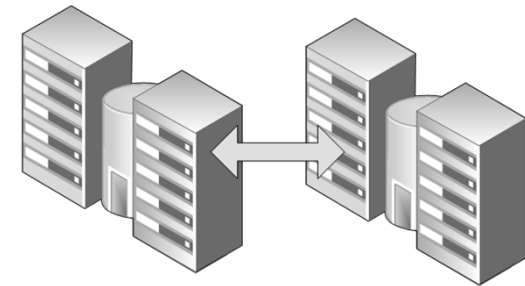
ICICI Bank Account Holder visits ICICI Bank



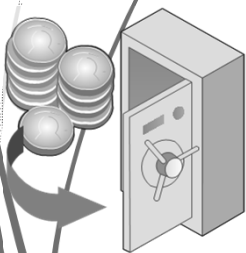
Fills I Sure Pay Slip – Cust ID, Control Card No., PAN No.



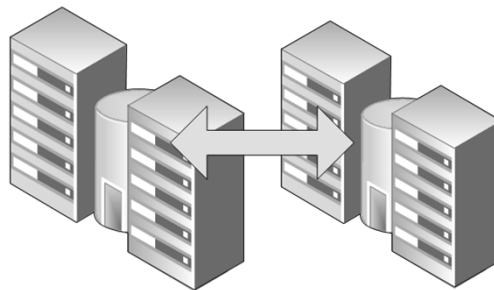
Goes to I Sure Pay Counter



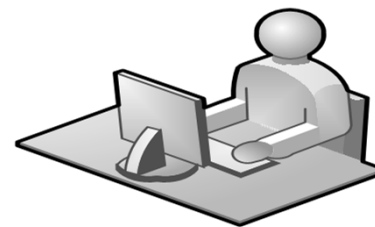
Cust ID and Control Card No. get validated from DT Plus system.



CCMS Account Credited debiting service charges immediately



Transaction transferred from ICICI Bank to DT Plus system. Customer gets I Sure Pay ID



Processed cash deposited in I Sure Pay System crediting ICICI Bank account of HPCL debiting customer's account



Customer deposits ICICI Bank Cheque at the counter

Fund Transfer Slip

ICICI Bank **PAY IN SLIP / जमा पर्ची**
Customer Copy / ग्राहक कॉपी **SURE PAY**

Date: _____ Deposited in Branch: _____
दिनांक: _____ जमा कर्ता शाखा का नाम: _____

Pay To
अदा करें _____
Payer Name
भुगतान कर्ता का नाम _____

Payer Details 1*
भुगतान कर्ता विवरण १* _____

Payer Details 2*
भुगतान कर्ता विवरण २* _____

Payer Details 3*
भुगतान कर्ता विवरण ३* _____

CONTACT NO 1 / दूरभाष नं. १ _____ CONTACT NO 2 / दूरभाष नं. २ _____

| PARTICULARS / विवरण | ₹/रु. | Ps./पै. |
|---------------------|-------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL / कुल | | |

SIGN OF OFFICER / अधिकारी के हस्ताक्षर _____

CHEQUE (S) SUBJECT TO REALISATION
चेक (चेकों) की जमा भुगतान प्रक्रिया के अधीन है।

Please refer instructions overleaf / कृपया पीछे दिये गये निर्देशों को पढ़ लें।
Please mention name and other details (if any) on the back of the cheque
कृपया चेक के पीछे नाम एवं अन्य विवरण (यदि कोई है तो) लिखें।
* Please provide Payer Details as Customer ID/Policy Number/Application Number/Bill No/Property Id/Challan No/ Customer code given by your service provider

ICICI Bank **PAY IN SLIP / जमा पर्ची**
Bank Copy / बैंक कॉपी **SURE PAY**

Date: _____
दिनांक: _____

Deposited in Branch: _____
जमा कर्ता शाखा का नाम: _____

Pay To
अदा करें _____
Payer Name
भुगतान कर्ता का नाम _____

Payer Details 1*
भुगतान कर्ता विवरण १* _____

Payer Details 2*
भुगतान कर्ता विवरण २* _____

Payer Details 3*
भुगतान कर्ता विवरण ३* _____

CONTACT NO 1 / दूरभाष नं. १ _____ CONTACT NO 2 / दूरभाष नं. २ _____

| BANK & BRANCH NAME / बैंक और शाखा का नाम | CHEQUE NO. / चेक संख्या | DENO./मूल्य दर्ज | PIECES प्रति | ₹/रु. | Ps./पै. |
|--|-------------------------|------------------|--------------|-------|---------|
| | | 1000 x | | | |
| | | 500 x | | | |
| | | 100 x | | | |
| | | 50 x | | | |
| | | 20 x | | | |
| | | 10 x | | | |
| | | 5 x | | | |
| TOTAL कुल | | | | | |

TOTAL AMOUNT RUPEES (in words) / कुल राशि (शब्दों में) _____

ONLY / मात्र

FOR OFFICE USE ONLY / केवल कार्यालय उपयोग हेतु

TRAN. ID.
कार्य व्यवहार संख्या _____

SIGN OF OFFICER
अधिकारी के हस्ताक्षर _____

SIGN OF VERIFYING OFFICER
प्रमाणित कर्ता अधिकारी के हस्ताक्षर _____

Branch staff should ensure that the customer has mentioned the name and other details on the back of the Cheque/DD/PO
बैंक स्टाफ जाँच लें कि, चेक/डीडी/पीओ के पीछे ग्राहक का नाम और सम्पर्क नं. लिखी है।

NOTE : * Branch staff should ensure that customer has filled the details correctly as per the process
नोट : * बैंक स्टाफ ग्राहक के विवरण को प्रक्रिया के अनुसार जाँच लें।

NAME AND SIGN OF DEPOSITOR
जमाकर्ता के हस्ताक्षर _____

Pay To: Hindustan Petroleum Corporation Ltd (HPCL) through I-Sure Pay
 Payer Name: DT Plus Customer Name for whom the prepaid is being refilled
 Payer Details1: DT Plus Customer ID
 Payer Details2: DT Plus Control Card Number
 Payer Details3: PAN Card no. of DT Plus Customer
 Contact No: Needs to be provided by the customer, so that branch can contact him
 in case there is any issue / error.